U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Rec'd Y	LY BEFORE PREPARING THIS REPORT.			
Aug 172005				
1. File Number U - 98-15	2. Fiscal Year Covered From:			
16015	1 1 2004 Through: 12/31/2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Jeff M Ziemann	Name [LIVNA LOCal #6			
	Labor Organization File Number 27390			
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any			
Street 400 N. ESton Ave.	Street 4670 N, Elston Ave.			
city Chicago	city Chicago			
State II ZIP Code + 4 60630	State ZIP Code + 4 606 30			
5. Position in labor organization. President/Business Manager				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Ccde + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Jess on Jumien	On 8-12-05 773-202-2696 Date Telephone Number			

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

State

Name of Person Filing JEFF M ZIEMA	w.v.	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	es	
8. Name and address of Business (including trade name, if any). Name Chi Cugo Equity Partners Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 180 N. La Salle City Chi Cago State IL ZIP Code + 4 100001	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Laborers Health t Welfare fur Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11405 W. Cermak Road City Westchester State ILL ZIP Code + 4 60154	11.a. Nature of such deal of Provide Manazeme Pension 11.b. Approximate dollar valu 12.a. Nature of interest hel fickets f Company f investment	ent Serv fund. fund. ue of such dealing. Id or income received. Odis Cus	unknown me with
		e de sano, si man mir propinsi personal movi este este de la companya de la companya de la companya de la comp	M17 = 00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing SEFF m ZIEMAX	en l	File Number U•	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Intercontinental Real Esta Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1270 Soldiers Field Rd. City Boston State ZIP Code + 4 02135	9. Business deals with: a. Labor Organization b. Trust c. Employer	on. ✓	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Laborers Health twelfare further and the Name, if any: P.O. Box, Bldg., Room No., if any Street 11465 W. Cermak Road City Westchester State IL ZIP Code + 4 WO 154	management persion for the persion for the state of the persion for the persio	investment nt services to and of such dealing. Unknow	naun
	12.b. Amount.	450	<u></u>]
 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing JEFF M ZIEMAN	18/	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included they will be used to be used.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	S	
8. Name and address of Business (including trade name, if any). Name Segal Advisors Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 N. Wacker City Chicago State IL ZIP Code + 4 60606	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Laborers Health Welfare fun Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11465 W. Cermak Road City Westchester State I L ZIP Code + 4 60154	11.a. Nature of such dealing Provide Manusements Pension 11.b. Approximate dollar value 12.a. Nature of interest held Attended Seminar Control 12.b. Amount.	Sinvestrent serving fund e of such dealing. for income received. I educati	Unthown
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
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P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
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Name of Person Filing JEFF m ZIEMA)	VV	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name Laborers Health twelfare fur. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11465 W. Cermak Road City Westchester State ILL ZIP Code + 4 60154	9. Business deals with: a. Labor Organiza b. Trust c. Employer	rtion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Marco Consulting Group Trade Name, if any: P.O. Box, Bidg., Room No., if any 9th Floor Street 550 W. Washing ton Bive City Chicago State IL ZIP Code + 4 60661	11.a. Nature of such dealing Provides Managemento pension 11.b. Approximate dollar value 12.a. Nature of interest hele Education Provided to as a true funds 12.b. Amount.	INVESTMENT SEVUNDENT FUNCTION FUNCTION FUNCTION OF THE PROPERTY OF THE PROPERT	unknown
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